1_	FOR STATE REGISTRAR	ogerse 1	D	PEPARTMENT OF	HEALTH			-		1 7	2 4	1 9
	DECEASED NAM (TYPE OR PRINT)	. Jayne		nomas		Abbott		2a. DATE KN	ESTI-	монтн 6 18	B 1083	26. HOUR 0243
THO THE	_{SEX} Male	White	S. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN	DER TYR. IF	UNDER 24 HRS.	2c DATE PRONOUNCE DE AD			DAY YEAR	2d. HOUR 044Q
经例目	FOREIGN COUNTRY)			. A.	WIDOW	ED 🗆 t	MARRIED [ester			MD.
35 500	Ocean C	ity	Route)	ER INSTITUTIO	FOR	MOST OF WORKING	G LIFE)	1000	OR INDUST	RY
AND	Md.	Wic	omico	130 CITY OR TOWN Salisbu			40 □ 610	REET ADDRESS Libert			2180	1
- NAVA	Paul	D EVER IN U.S. ARA	MIDDLE W.	Abbott 166. SOCIAL SECUR	ITY NO	Dori		MIDD	ADDRESS	Du	inn LAST	
B. GIVE PEATE B. GIVE PAGES I, WITH FORM PM T. PAGES I AND DIVISION OF WE	NO. OR UNKNO	(IF YES, GIVE V	VAR OR DATES)	214-68-			W. Ab		Box	230	Winga	
O WITHIN 24 HOL PENCIL IN ITEM 11 MAINER ALONG MAINER HEMONG ENTAL HYGIENE, OR REMOVAL.	PART I DE	ATH WAS CAUSED IMMEDIAT Ins, if any, which se to immediate estating the under-	DUE TO, OR /	for (a), (b), and (c).) Mutiple AS A CONSEQUENCE AS A CONSEQUENCE	OF	la					APPROXIMATI BETWEEN ONSE INST	T AND DEATH
SXECU NG" I CAL E BURI AATIO		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In .										
WORD "PER WORD" PER WORD "PER BE USED A ENT OF HEA SBURIAL, C	190 DATE OF 210 EXTERNA 210 EXTERNA 210 EXTERNA 210 INJURY C	OPERATION	19b. CONDIT	idition for which operation was performed?				- 55	20 AUTOPSY	? NO 📉		
TING THE WC DED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO B	210 EXTERNA UNDERLYING	NG CAUSE OF D		MONTH DAY YE	83	Auto	Accide		P IN ITEM 18 PAR	RT 1 OR PART 2)	
SA SE	21d INJURY O WHILE AT WORK	NOT WHILE AT WORK	STREET FACTOR	FINJURY LATHOME, DRY, FARM, ETC.) DET	S	ute 9		city of town	City	Word	ester	STATE MD
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH HE ST. BALTIMORE, MARYLAND, 7	death result			ribed above, held an Accident \mathbb{Z}_{+} ,	Autaps	y . In Hamicide TITLE (SPEC	IFY)	Inquiry determined mann	ner,	In my opinio	on June 2	20 8°
A MEDICA XECUTE THI A GE 4 SHC O FUNERA (FTER DEAT) A GITIMORE,	EXAMINER'S (TYPE OR PRI	(IV	14.TT	Bulkel		ADDRESS	Salis	BUR		NG	· · ·	.0, 0.
BP	BURTA FUNERAL DIRECT		6/21/83	DORCHE			K CA	MBRID		OR COUNTY	MD	TATE
DHMH - 17 R A15 ME (5))	NAME		L HOME C	AMBRIDGE	MD.	250.	JUN 2 8	3 1983 C	John REGIST	LA C	shelf	

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/		FOR	0	FPARTMENT OF HEALT	H AND MENTAL HYGI	ENBQ 💢 👔	7 13 1 13			
	-	STATE REGISTRAR		DICAL EXAMINER'S	CERTIFICATE OF DE		1 2 3 0			
	1. DE	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN TO MONT	H DAY YEAR 26 HOUR			
MET.	(TYI	Richar	rd	Thomas	Allen	OF ESTI-	20 19 83 70M			
3#	3. SE		5. DATE OF BIRTH	A AGE IN YEARS LIFT						
NAZA TON STR		M Black	MONTH 14	14 LAST BIRTHDAY) MON	THS DAYS HOURS MIN	PRONOUNCED &	20 19 83 7 PM			
26	7a. 8	RTHPLACE (STATE OR	7b. CITIZEN OF WH		V	9. BALTIMORE CITY OR COU				
-	FC	comoke, Md.	U.S.A.	MAR	RIED TO NEVER MARRIED	1//				
	-	TY OR TOWN OF DEATH		WIDO PITAL, NURSING HOME, OR OT		JSUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS			
31	1	SNOW HILL	(IF NOT IN SUCH FAC	HITY, GIVE STREET ADDRESS)	F	OR MOST OF WORKING LIFE)	OR INDUSTRY			
20	USU	AL RESIDENCE (IF IN NURSING HOME OF		Ross St., at h						
35	13a. S	TATE 136 COUNT	Υ	13c CITY OR TOWN	13d. INSIDE SITY LIMITS? 13e. S	TREET ADDRESS 103 Ross St.	21863			
\simeq	14.5		CESTER	SNOW HILL						
230	14.17	George	MIDDLE	CLAST	15 MOTHER'S MAIDEN NA	WE	Tor LAST			
_				Conquest	Grace		Ward			
1	(1	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	2/8/3			
	Y	es 8-42	- 9-45	212-18-6709	Ernesting]	Bailey, Snow 1	Hill, Md.			
		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one couse per line	for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
			E CAUSE (a)	MYOCARDI	AL INFIARCT	ioni	IMMEDIATE			
Q V		7100	DUE TO, OR	AS A CONSEQUENCE OF						
N, OR REMOVA		Conditions, if any, which gave rise to immediate	(b)	ASHD			SEVERAL YES			
5		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF						
		lying coose lost.	(c)				The Version			
		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1 (a).					
CKEWATION,	ON									
-	SAT	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?			
6	TE						YES NO P			
2	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR 216. 1	HOW INJURY OCCURRED (EN	ER NATURE OF INJURY IN ITEM 18 PART I OR				
2		UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR						
PRIOR TO BURIAL.	MEDICAL	214 INTURY OCCUPRED	21e PLACE C	FINJURY (ATHOME, 211 L	OCATION					
	×	WHILE NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	OUNTY STATE			
Ì										
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion								
	C	death resulted from: Nature	ol couses .	Accident L, Suicide L		determined monner,				
ON THE STATE OF TH	73	ACTUAL -	1 1 1/	0	TITLE (SPECIFY)	DAT				
-	-	SIGNATURE	C. Art	ungil	M.D. JEPUTY M	EDICAL EXAMINER SIGN				
2		EXAMINER'S NAME .X		1			25%			
-		(TYPE OR PRINT)	THY C	HOLZ WERTH	_ADDRESS_309 /IM	MONS STI SNOW	Hill Mr. G			
BALTIMORE, MARYL	23a.B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION CO	DUNTY STATE			
	24.5	Burial	6-14-8.	m. west	ly m	on Har - work	ster, may			
	Z4 F	NAME DIRECTOR EM 64 C	Whot ADDRESS		25a. DATE REC'D.	8 1983 REGISTRAR'S	SIGNATURE			
)	Wh	arton Funeral	L Home.	Accomac, Va	0011/2	0 1202 Januar	· cancell.			

STATE OF MARYLAND

THE SECOND PROPERTY. De la de vont : a fine entre entre de la la contraction de la cont March 2 County THE PURPOSE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PURPOSE OF THE

2	1.	FOR STATE REGISTRAR	DEP	STATE-OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
poge 3		CEASED NAME FIRST BIS	HOP In RACE	BEVANS 15. DATE OF BIRTH	REG. N 20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR 6 28 83 6:30
inge 4 m	mer)	MALE.	BLACK 76. CITIZEN OF WHAT COUN	3 5 1895	88	YRS. R COUNTY OF DEATH
N (NY		ITY OR TOWN OF DEATH	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	WORCES	STER
the Way	B	ERLIN MD. AL RESIDENCE (IF NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE S BERLIN NU ROTHER INSTITUTION, GIVE RESIDENCE		(TYPE OF WORK OR MOST OF	F WORKING LIFE) INDUSTRY
the State of the S	130.	MD 13b. COU	NTY 136. CITY OR	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS	2055 53,00
Complete Complete		SOHU VAS DECEASED EVER IN U.S. AF	AYLOR LAST	SECURITY NO. 17. INFORMANT	R BEI	ANS LAST
the rate			VE WAR OR DATES)	07-1234 V. PURA	IEKL S	NOW SILL MA
ires that the direct certific goed by the attending phy n please remains, ar temp burial, cremation, ar temp ry, or other traumatic even		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	FOUENCE OF GING.	9/2 10 -4 57 a	
n. ns been signed bern signed bern signed been signed bern signed	CERTIFICATION	19a DATE OF OPERATION		S TO DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!
HYSICIAN: The dding physician is certificate h buriol-tronsit phantal Hygier or them 18 short	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	19	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART 1 OR PART 2)
in Of PHY after this as the builth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	(CITY OR 10	
1. OR ATTEND the haspital a 1. DIRECTOR: a stacked for use te Dept: of Hem ; if Hem 21 is m		22a.1 certify that (I) (this hosp sow the deceosed alive ar above, (I) (we) (did) (did no 22b. SIGNATURE	of view the bady ofter death.		, 10	ate and hour and fram the couses state 22c. DATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL Is should be deto with the Store Impropriately Impropriately 100 Hospital Improvement 100 Hospital Impr		22d. PHYSICIAN'S NAME (TYPE	ARTHES	MO 3 BAY ST.	BERLIN,	40. 21811
BP	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 7-5-8-3	231. NAME OF CEMETERY OR CREMATORY 2100	23d. LOCATION SITUATION	STA' COUNTY MO STA'
OHMH- 16 30M 2/B0 (VRA 15, 4)	24 F	UNERAL DIRECTOR	EII BO	25a. DA	TE REC'D. BY REGISTRAR	256. DEGISTRAR'S SIGNATURE

C. L. VIII. L. B. Land L. Royal Marketon A 10W STANKS LICE VESSES SET SELVE THE WAR DESTRICT WAS SELVED TO SELVE for the state of t THE REPORT OF THE PROPERTY OF JEL 7 198 John Sowiet

THE STATE OF THE PARTY OF TAXABLE PROPERTY. and appearing the second of the second secon المراد ا

3	N	FOR STATE REGISTRAR	C	CERTIFICATE		REG. NO		. 20
	, (M)	DECEASED NAME OF THE		CAMP	bell	20 DATE OF DEATH		
	action by a most	1 SEX M	4 RACE		DAY YEAR 2 4	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
-	1 11 2/1	76 BIRTHPLACE STATE OR FOREIGN	16 CITIZEN OF WHAT CO	MARRIED NI	EVER MARRIED DIVORCED	9 BALTIMORE CITY O	CESTE	MD.
101	1	POCOMOK	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	, NURSING HOME OR OTHE GIVE STREET ADDRESS)	R INSTITUTION	120 USUAL OCCUPATION (TYPEOF WORK) OR MOST OF		Stodian
AND 213	The same of		I reach he			13e PREET ADDRESS	3x. 284	A21857
MARYL	ompletely and 300	H PATHERS NAME	-cox Cam	obell Sr. ""	Mary	WORK	Come	tius
TIMORE	be execu-	(165, VO GYLHANDWN)	JWII 424	18-8855 K	sie Mae	Campbel	Pocomo	ke, Md.
ST. BAL	orpoper mosol seent, th	ART I. DEATH WAS C	ter anly one cause per line for a AUSED BY: EDIATE CAUSE (a)	OIRatory	Failu	RE	AFFWS.	EN OF TANGUEAU
RESTON	death or attending than, or raumatic	Canditions, if any, whi		Emph	ysema			
01 W. PS	that the d by the estile rem of, cremy or other t	couse (a), stoting t underlying cause la	DUE TO, OR AS A CO	DINSEQUENCE OF				
DRDS, 20	requires. Then plor to burn	NO.	ant conditions <u>contribut</u>					
AL RECO	The part of the pa	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIS		R WHICH OPERATION WAS I		200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
1 OF VIT	SICIAN of physical contribution	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MON	NTH DAY YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART ;	2)
NVISION	MG PHT offer this is the to inhed or	(IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED NOT WHILE AT WORK	216 PLACE OF INJUR (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	CATION	CITY OR TO W	VN COUNTY	STATE
_	CTOR: A CTOR: A If the user of Health	saw the deceased of	hospital) ottended the deceose ve on JUNE // lid not) view the bady after dear	19 83 and that in	19 80 1 (my) (our) opinion d	eoth accurred on the do	19 8 3 ate and hour ond from t	_, that (I) (we) lost the causes stated
•	A DA	22b. SIGNATURE	Henry	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	FF / / /	12/83
	tuined by O FUNES hould be with the State of FUNES who will the State of FUNES who will the State of FUNES who will the State of FUNES of F	PAUL	R Fleury		5 Tenth	STF	POLOMOKE	city
	BP	DUY 10	6-19-83	Halls Hil	1 Cem	23 OCATION PITY OR TOWN	e vor	Ma.
D	HMH - 16 60M 1/75	TO THE DIRECTOR	AC	AN OI		REC'D. BY REGISTRAR		ATURE

STATE OF MARYLAND

HINE STATE AND THE RESIDENCE OF THE STATE OF

	// -				STATE OF MARYLAND		1 100
4	/ 1			DEPARTMENT	OF HEALTH AND MENTAL I	HYGIENE 3	7254
10	pt 3			CE	RTIFICATE OF DEATH		
2	may be page 3 e Dept		DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	- : 5		(Type or print) Marv	F.	Cathell	Month 25	1983 4:30A
	Page director	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	direc direc		Female	White	Feb. 17.	1919 last birthday) YRS.	MONTHS DAYS HOURS MIN.
	f 11	70.	RIPTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
	100	7 (0)	New York	USA	WIDOWED DIVORCED	Worcester	
	专 作品用子	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		L OCCUPATION (Kind of work done	Md.
6	E FEEN	1		give street oddress)	during me	ost of working life, even if retired.)	INDUSTRY Clothing
212	4 HILL B. D.		Showell		tts Road Se	eamstress MITS? 13e. STREET AND NUMBER	Clotning
9	E 74/	5 adr	nissian) STATE	1-131 COUNTY	VEC I NO		21662
YLA	within and 2 and 2 aus of	-	Marylan	<u> </u>	Showett	PITTS ROAD	
AAR		114.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
uì.	executed cample of cample	10	Walla			ances	Butler
MOR	and ca within		Yes, no, or unknown) (If yes give wo	r or dates of consice)		Address	1.7
Ē	e be e ian and papers. ent, wit	=	No	1118-09-	374 Patricia SI	nepherd, Showe.	APPROXIMATE INTERVAL
8	certificate being physician e carban papin any event,		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	one couse per line far (a), (b), and (c).)			BETWEEN ONSET AND DEATH
Ħ	certificate ng physicia e carban po			E CAUSE (a)Carde	ac anest		
STR	ing in g	9	4140	DUE TO, OR AS A CONSEQUENCE OF	/	. ~	
NO	death ce		Conditions, if ony, which gove) rise to immediate cause (a).	(b) Arhusse	librie Kent	deserse	
EST			stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	. /	0	
4	by the please removal		last.	(1) Carrero	no of The	Cervex	
*	ned by Then p		PART 2. OTHER SIGNIFICANT CON		T RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
98	signed signed nit. The fran, or	2					
RDS	w requires that the been signed by the t permit. Then please cremation, ar remaval	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
60	been t perm		45 115 20 21		YES NO	CAUSES OF DEATH?	
4 8	ician hos ansi				21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 ar Part 2, Ita	em 18.)
VIT	The la physiciar cate has cal-transi	MEDICAL	OR CONTRIBUTING CAUSE OF DEA				
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
NO	sic cer cer he he prio		While Not while at work	Votter Bollono, Ele	1/10	2 1/25/8	?
VIS	atte attes this as t		22a. I certify that (1) (this	hospital) attended the decease	d fram	to 9/ 1/19	, that (1) (we) last
0	tal ar After or use Hygie		saw the deceased al	ve on 5/25/8319	ond that in (my) (our) opi	nion deoth occurred on the date	e ond haur and from the
	AT VENUTURE NASPITAL OF TOR: After ed far use ental Hygie			(we) (did) (did not) view the b	ody offer death.	L as an	-
	1. OR ATVACUNING PR by the haspital or of DIRECTOR: After this detached for use as and Mental Hygiene		22b. SIGNATURE		ATTENDING M	ED. STAFF	ATE SIGNED 83
	OR the the large of the large o		and Named Inc.		DEGREE PHYS. D	RECTOR PHYS. 16	12/100
	Al by		22d. PHYSICIAN'S NAME (Type)	Radom	POBOX	2636 Salish	mo 21801
	retained by O FUNERAL Shavid be a of Health	-		ATT OR HAVE OF			
		230	BURIAL, CREMATION, 23b. D		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
		24	PUNERAL DIRECTOR 2 1 A	-28-93 Odd F	'ellows Cem.	Bishopville, V	
	OHMH-16 1/71 30/	w.	1	Il A III	0 -00 A 0 30. KEU B	N 2 9 1985 REGISTRAR'S S	in the state of th
	(VR A15 (4))	(Loules W)	Taskings Del	DATE WILL	MAS DOY	

	TO THE TAX OF THE PARTY CLASS	TO DESCRIPTION	
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	towe Com. Rings	Lev. DECCx	

DHMH-16 30M 2/80 (VRA 15, 4)

			SIAI	E UF MARYLAND	es 1-1	9	117	142 344				
11	FOR - STATE	DEPARTA		EALTH AND MENTAL HY	GIENE &	1	6-	2 3				
1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O						
	DECEASED NAME FIRST	MIDDLE	l	ASI	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR				
	Fannie		Kr	iger	06	-11-83		10:35a,				
3. S		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS				
	Female	Caucasian	12	26 1896	86	YRS.	NIMS DATS	HOURS MIN				
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH					
1	Russia	U.S.	WIDOWE	944		ster		WD				
1/2	comoke City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Hartley Hall Nu	ADDRESS)	Home	12g. USUAL OCCUPATE (TYPE OF WORK FOR MOST C	F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR				
#5	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		y nome	Housewitt	,	717-1	9.				
	Maryland De	orcester 130. CITY OR TOWN		13d. INSIDE CITY LIMITS?	State Rot	ite 50	X中华人	2				
_	FATHER'S NAME	or cester Cambi re	ige	15 MOTHER'S MAIDEN N		100 70	Maio	den name				
	Francis	Heilig LAST		Ida		Heilig	Unkr	ňown				
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS						
L	(YES, NO OR UNKNOWN) (IF YES, G	216-56-10	041	Mr. Bill 0	Goodman, Snow	v Hill,		21863				
	18. CAUSE OF DEATH (Enter D	inly one couse per line for (a), (b), and	d (c).)	0.			BETWEEN	ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: 1/2 92 IMMEDIATE CAUSE (a) NATURAL CAUSES.											
10	DUE TO, OR AS A CONSEQUENCE OF ASC VD											
	Conditions, if ony, which											
1	gove rise to immediate cause (a), stating the											
4	underlying couse lost.	100.00										
		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	01				
CERTIFICATION												
18	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W						
E					YES NO	YES [NO [
8		216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)					
1 8	OR CONTRIBUTING CAUSE OF DE	- SIII	19									
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE				
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	SIAIE				
		pital) attended the deceased from	Duc	- Y 22 1981	to gune 1	19	83	that (I) (we) last				
	deceased alive or	June 3 198	3_, or	d that in (my) (our) opinion	n death occurred on the de	ate and hour or						
	tithe (1) (we) (did) (did no		22c. DATE									
	Mark A	our-		DEGREE ATTENDING	MEDICAL STAI	F	6/11	2/00				
+	724 PHYSICIAN'S NAME (TYPE	OR PRINTI		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IAN []	15/1-	183				
	PAUL E	Leyev		300 TON	4 ST Param	NO P.J.	E N	10				
730	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	711	7 01					
	BURIAL			Isarel Cemete	ery Salissb	ury Wici	omico	Md.				
24. 1	FUNERAL DIRECTOR			25a. DA	ATE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAL	WRE • D				
	Holloway Funera	1 Home Salisbury	y, Md		UN 1 6 1983	Jalu	2906	shelf				

of history ! Perglan orcester Johnstine x State Scute 50 magnarah (se Heilig Marencem Francia mr. Bill Monimum, Snow Hill, 64. 21863 5/13/63 > Unth Isarel Countery Salisbury Wichmico art. JALONE sions Funeral lane Salisbury, Hd.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filliwight the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked on tem 18 shows ony injury, or other troumotic event, the medica

							E OF MARYLAND	S2 4	1	7 3	5 6	
	1.	FOR STATE			DEPART		EALTH AND MENTAL HYG	SIENE O		- Comp	9 9	
		REGISTRAR	Links.			CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR	Ī
			VIRGI	NIA	LEE	TH	OMPSON	June	22.	1983		٨
	3 SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.	
		female		whi-	te	Nov		58	YRS.		, , ooks Milk.	
E		IRTHPLACE I STATE OR I	FOREIGN 7t	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	TY OF DEATH		
1		Maryland	No. of	US	SA	WIDOWE		Worces	ster		M	.(
I	10 CI	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND	OF BUSINESS OF	R
1		comoke		14	+03 Lind	len D	rive	housewi		18003111		
1	USU/ 13a. S	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		al	851	
1	Ma	ryland	Word	ester	Pocomol		YES NO		nden	Drive		
24	14. FA	ATHER'S NAME FIRST	MI	DOLE	LAST		15. MOTHER'S MAIDEN NA	ME			AST	
16		Samuel		C.	Bower	1	Ruth				ones	
1		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17 INFORMANT	140		nden D	rive	
		no			218-16	-656	Lee Ray Tho	mpson Poc	omo	ke Cit	v. Md.	
		18 CAUSE OF DEAT	H Enter only	one couse per	line for a, (b), on	d ic	100			BETWEEN	XIMATE INTERVAL	
		PARTI DEATH W	IMMEDIATE		Ha	90	MOCO	noal	Hai	10 m	MOUNT	
		4100		DUE TO, O	R AS A CONSEQUE	NCE OF		1 (.	V	,	00.	
		Conditions, if ony,		(b)_	NUP	01401	1510n			9	eurs	
	-	couse (a), stofing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost								3		
				(c)								
	z	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	10	
	ATIO	19a, DATE OF OPERA	196. CONDITION FOR WHICH OPERATION			HUS	20a AUTOPSY? 20b. IF YES, WERE FINDI			NGS USED		
7	FIC.	190. DATE OF OPERATION				N WAS PERFORMED		TIFYING CAUSE	NG CAUSES OF DEATH?			
-	CERTIFICATION	21g. ACCIDENT WAS UNE	DERLYING [7]	21b. TIME O	E IN II IRY		21c. HOW INJURY OCCUR	YES NO		YES [NO 🗌	
		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	The room work occord	LEWISH WATER OF 1470	NT HATTEM TO	PARI (ORPARI 2)		
	MEDICAL	21d. INJURY OCCURE		P. 21s PLACE	M. OF IN ILIRY	19	211 LOCATION					
i	ME	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify tho) ottended th	e decensed from	-	10 10 79	to 57647	0	10 5/3	, tho (we) los	
	,	sow the decease	ed alive on	4.3	5 19 5	33. on	d that in my (our) opinion) 1
		276 SIGNATURE	and not	wew the body	ofter deoth	7	DEGREE			22c. DAT	ESIGNED	-
		1001	((/V 10.	Pont		MATTENDING HYSICIAN IN	MEDICAL STA	FF TIAN [627	185	
		THE PHYSIC PARTS NO	AME ITHE ORR	ent.	our		22e. ADDRESS	J DIRECTOR TITLES	.IAIT [1 2		
		theo	C	- TW	10 mill	MO	1200 Pac	wor St	, <	51/K/21	We MA	7
	22a E	SURIAL CREMICION	REMOVAL	73b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1,-11	41111	
		Burial	OHENCE SALES	6/26	5/83 Sa	lem	Methodist C	em Pocomo	ke I	Norces:	ter Md.	
	24 EL	INERAL DIRECTOR	240 0			- VIII	25a. DAT	E REC D. BY REGISTRAR	-	STRAR'S SIGNA	TURE	L
	0	10015.1	Mela	100	Pocomok	ce Ci	tv. Md. J	JL 5 1983	Jou	migh h	rhicle	

Pocomoke City.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

THOI . SS anul #301 A Profile elimente bying chart 2001 stempoo drun .0 feither 1903 Bluden brive 218-16-656 sea that Thompson Peconoice City, Id SACO LINE VERMINA A MARINA MILLIANDO Surred 6/26/81 Lelem Fethodist Com Pocomoly Orcester Co. JAK CLEY WESTERNOON City, Mr.